



STATE OF RHODE ISLAND
DISTRICT COURT

SUMMONS
NINE (9) DAYS
LANDLORD - TENANT
(EVICTION FOR NON-PAYMENT OF RENT)

DIVISION	ADDRESS OF COURT	CIVIL ACTION NO.
PLAINTIFF/LANDLORD	PLAINTIFF'S ATTORNEY	
VS	ADDRESS OF PLAINTIFF'S ATTORNEY OR PLAINTIFF	
DEFENDANT/TENANT	DEFENDANT'S ADDRESS	

TO THE ABOVE NAMED DEFENDANT/TENANT

You are hereby summoned and ordered to appear for a hearing before the above named division of the District Court on _____, 20____ at 9:00 a.m. and served with a "complaint for eviction for non-payment of rent." If you claim a defense, you must complete the enclosed answer and file it with the clerk of court prior to or at the time of hearing. You are also required to mail a copy of your answer to the attorney for the plaintiff/landlord. If the plaintiff/landlord does not have an attorney, then you must mail the copy of your answer to the plaintiff/landlord. If you fail to answer or appear at the hearing, you will be defaulted and judgment for possession of the premises in question and back rent may enter against you. You should go to the hearing. If for some reason you think the case is "settled", you should still go to the hearing to make sure a written settlement is filed in the records of the court.

Seal:

DISTRICT COURT CLERK

I hereby certify that a copy of the summons and complaint and blank answer was placed into regular U.S. mail, postage prepaid on the _____ day of _____, 20____, addressed to defendant/tenant at the above address.

AFFIANT

PROOF OF SERVICE

I hereby certify that I served a copy of the complaint, original summons and blank answer form upon the defendant/tenant by delivering said papers in the following manner:

- ☐ By handing them to the defendant personally ; or
☐ By serving them at defendant's dwelling unit with a person of suitable age and discretion residing therein; or
☐ If none be found, by posting them conspicuously on the door to the defendant's dwelling unit.

ADDRESS OF DEFENDANT'S DWELLING UNIT	NAME OF PERSON OF SUITABLE AGE AND DISCRETION
SERVICE DATE AND TIME*	DEPUTY SHERIFF/CONSTABLE**
____ / ____ / ____ AT ____ AM MONTH DAY YEAR TIME PM	

* TO BE FILLED IN BY SHERIFF OR CONSTABLE.

** SHALL BE SERVED NO LESS THAN (5) DAYS BEFORE HEARING.

SERVICE FEE \$ _____